

City of Troy Request for Outdoor Event

CONTACT PERSON INFORMATION:

Name of Contact Person:				
Name of Organization:				
Street Address:				
City:		State:	Zip Code:	
Phone #:			Email:	
EVENT INFORMATION: Request Date: (Please allow 1	0 working days)			
Type of Event:				
Date of Event:				
Location of Event:				
Event Start Time:		Event End Time:		

EVENT SUBJECT TO THE FOLLOWING RESTRICTIONS:

- Event subject to all applicable laws including but not limited to Noise Ordinance & Parking Regulations. Failure to comply with City of Troy's Noise Ordinance may result in a citation of suspension of event. (Noise should not be audible more than 50 feet from event).
- Street cannot be blocked.
- If any temporary structures are required (staging, platform, etc.) you must attach plans indicating size and location on requested property for review/approval. All tents must have fire retardant label.
- Organization Contact is responsible for the conduct of the participants during the event.
- If event is on business or private property, a letter giving permission to use the property is required. Letter must be signed by the property owner.
- There will be no cooking allowed on the Square for any non-city sponsored events.
- Event requests cannot be submitted more than 90 days prior to event date.
- Failure to provide proper cancellation notice of event could result in future requests being denied.
- Any walks/races (Club 5Ks, Fun Runs, etc.) require a map of the route and/or street closures to be attached to this form.
- THE CITY OF TROY DOES NOT PROVIDE TABLES, CHAIRS, TENTS AND SOUND EQUIPMENT FOR NON-CITY EVENTS. YOU WILL NEED TO MAKE OTHER ARRANGEMENTS FOR SUCH NEEDS.

EVENT NARRATIVE:

Please describe your event in detail, including purpose, timeline & agenda.

Applicant's Signature:	Date:
For City of Troy Use ONLY	
Comments:	
Recommended Action: Approved Disapproved	
Building Official Signature:	Date:
Mayor Signature:	Date:

Please submit your completed form by emailing to outdoorevents@troyal.gov or faxing to 334.239.0636. For more information or questions, you may call 334.670.6011.



CONTACT PERSON INFORMATION:

Name of Contact Person:	
Name of Organization:	
Street Address:	
City: State: Zip Code:	
Phone #: Cell Phone: Email:	
EVENT INFORMATION: Request Date: (Please allow 10 working days) Type of Event:	
Date of Event: Event Name:	·
Location of Event:	
Event Start Time: Event End Time:	
List Approximate Number planning to attend event: Persons: Animals: Vehicles: Other:	
Will alcoholic beverages be served at the event: Yes No	
Describe security requested to include crowd control, internal security, any venue safety, or any other items that n secured during the event (if private security company hired indicate name):	
Map of the event to include placement of barricades and any street closings attached. Yes No Not Applicab Route Length: Route will occupy: Half of Street Full Street Proposed route will be a: Rolling Closure (street will open up to traffic after participants pass)	le
 Hard Closure (street will be closed for the duration of the event) 	
Date Street to be closed (if any): Time(s) of Street Closing (if any):	
Accurately list the streets to be closed:	
between and	
Alternate street which can be used while event is taking place:	
 Have all residents and/or businesses on the requested street be notified: Yes No Note: It is the responsibility of the applicant to ensure compliance with the provisions that are listed below, along with all Municipal, State a The participant will abide by and obey all municipal, state, and federal laws, rules, and regulations. The applicant must notify all residents and or businesses affected by this event or closure. If the applicant plans to hire additional security they must be Peace Officer(s) certified by the A.P.O.S.T. Council and have jurisdiction control traffic and ensure that peace and order is preserved. If the applicant hires a private security company provide contact name and they must have a City of Troy Business License. The applicant will assume any and all liabilities that may arise by such event or closures. This application must be received at least ten days prior to the date of any request for street closures. Emergency vehicles must have access, without delay. Please note any additional information that the Chief of Police may find important in making a fair determination in regard to this event. 	n in the City of Troy to
Applicant's Signature: Date: Date:	
For City of Troy Use ONLY	
Recommended Action: Approved Disapproved Comments:	
Chief of Police Signature: Date:	

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CONTACT PERSON INFORMATION:

Name of Contact Person:				
Name of Organization:				
Street Address:				
City:				
Phone #:	Cell Phone:		Email:	
EVENT INFORMATION:				
Request Date: (Please allow 10 work	ing days)			
Type of Event:				
Date of Event:		Event Name:		
Location of Event:				
Event Start Time:		Event End	Time:	
List Approximate Number planning to	o attend event: Pe	ersons: Anii	mals: Vehicles	:Other:
Total Number of Tents:		-		
Number of Tents by size: 10 x 10:	10 x 20:	15 x 15:	20 x 20:	Other sizes:
Outdoor Type of Cooking:	Gas	Electric	Charcoal	Other:
Number of Cooking Locations:				
Will there be any fireworks/pyrotech	nics displayed at	your event? 🗆 Yes	□ No	
Will there be any LP-Gas, charcoal, fl	ammable or comb	oustible liquids at th	nis event? 🗆 Yes 🗆 No)
If Yes, give the name and intende	ed use			
Will there be candles or fire pits used	d at your event?	🗆 Yes 🗆 No		
 Note: It is the responsibility of the applicant There will be no cooking allowed o The participant will abide by and o The tent shall be located so that is No shavings, sawdust or other com There shall be no flammable liquid The municipal law against smoking All wiring shall be done by a license One 2-A Type Extinguisher shall be A clearance of 3 feet shall be maining Please list any additional information 	n the Square for any r bey all municipal, stat readily accessible by t obustibles shall be use s on the premises with shall be enforced. ed electrician. in every tent. tained around fire hyd	non-city sponsored event e, and federal laws, rules he Troy Fire Department d on the floor of the tent nout prior approval from rants.	s, and regulations. t, t structure. the Troy Fire Department.	
Applicant's Signature:			Date:	
For City of Troy Use ONLY				
Recommended Action: Approved	Disa	pproved		
Comments:				
				-
Chief of Fire Dept. Signature:			Date:	

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